





COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NUMBER 37261-670006

(Includes Reference to PCT International Applications) As a below named inventor, I (we) hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PIEZOELECTRIC TRANSDUCER APPARATUS HAVING INDEPENDENT GAIN AND PHASE CHARACTERISTICS FUNCTIONS the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No. 09/943,285 On August 30, 2001 and was amended (if applicable) was filed as PCT international application Number ___ and was amended under PCT Article 19 ____ (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 or §356 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: PRIORITY CLAIMED DATE OF FILING APPLICATION NUMBER COUNTRY **UNDER 35 USC 119** (day, month, year) (if PCT, indicate "PCT") August 30, 2000 ☑ YES 89117640 Taiwan ☐ NO ☐ YES I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below: DATE OF FILING (day, month, year) APPLICATION NUMBER ⊥ Additional Provisional Application numbers are listed on a supplemental priority data sheet PTO/SB/02B

attached hereto.



Additional Inventors



ATTORNEY DOCKET NUMBER 37261-670006

Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. FULL NAME OF INVENTOR FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME 2 Hsieh Der-Chang 0 INVENTOR'S DATE 3 SIGNATURE 2001.11.23 RESIDENCE & COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY CITY CITIZENSHIP Taipei Taiwan, R.O.C. Taiwan, R.O.C. POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY 19F., No. 193, Sec. 1, Taipei Taiwan, R.O.C. Jong Shing Road FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR 2 0 INVENTOR'S DATE SIGNATURE RESIDENCE & STATE OR FOREIGN COUNTRY CITY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE ADDRESS POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY FULL NAME OF INVENTOR FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME 0 INVENTOR'S DATE SIGNATURE RESIDENCE & COUNTRY OF CITIZENSHIP CITY STATE OR FOREIGN COUNTRY CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY ADDRESS FULL NAME OF FIRST GIVEN NAME SECOND GIVEN NAME **FAMILY NAME** INVENTOR 0 INVENTOR'S DATE 6 SIGNATURE COUNTRY OF CITIZENSHIP RESIDENCE & CITY STATE OR FOREIGN COUNTRY CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS SECOND GIVEN NAME FULL NAME OF FIRST GIVEN NAME FAMILY NAME INVENTOR 0 INVENTOR'S DATE SIGNATURE COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY STATE OR FOREIGN COUNTRY CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY ADDRESS

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheets(s) attached hereto.



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